

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92) EF

See Instructions and *Privacy
Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME George Valverde			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Motor Vehicles					
POSITION Director		CB/ID NUMBER		DIVISION OR BUREAU Executive			INDEX NUMBER				
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 2415 First Avenue				TELEPHONE NUMBER			
CITY		STATE		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95818	

(1) MONTH/YEAR 03/2010		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
2	0639	Sacramento/Ontario	97.09		10.00	18.00		SC A					125.09	
3	1733	Ontario/Sacramento		6.00	10.00		6.00	A SC		30.00			52.00	
15	1146 1334	Sacramento							SC	9.00			9.00	
16	1022 1115	Sacramento							SC	4.00			4.00	
17	0545 2135	Sacramento/Los Angeles/ Torrance/Return		6.00		18.00	6.00	SC A T/A SC	16.65	15.00			61.65	
23	1230	Sacramento/Burbank/ Bakersfield	94.12			18.00		SC A					112.12	
24		Bakersfield/ Los Angeles	125.56		10.00	18.00	6.00						159.56	
25	1715	Los Angeles/Burbank/ Sacramento		6.00	10.00		6.00	A SC					22.00	
(10) SUBTOTALS			316.77	18.00	40.00	72.00	24.00	16.65		58.00			545.42	

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 545.42

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

2-3: Met with staff at the Indio, Palm Springs, 29 Palms, Blythe and Banning field offices; 15: Invited to the Green California Summit Executive Forum; 16: Attended the Green California Summit; 17: Invited by the Japan Business Association of Southern California to be a guest speaker at its 16th annual forum; 24: Participated in the Bakersfield Business Service Center dedication; attended the Field Office Region IV managers meeting, met with the Bakersfield field office staff; 25: Invited to attend the ribbon cutting ceremony at the California Science Center; met with Los Angeles field office employees

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE